

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23935

1. PLACE OF DEATH

County Newton

Registration District No. 611

Township Seneca

Primary Registration District No. 4365

City Seneca

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Charley Hile

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 20 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

36

0

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Okla

MOTHER FATHER

13. NAME

James Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Okla

15. MAIDEN NAME

Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Okla

17. INFORMANT (ADDRESS)

Charley Hile

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Seneca

DATE

7/25 1933

19. UNDERTAKER (ADDRESS)

Norman E. Mitchell

20. FILED

7/27

1933

C. E. Harris

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 23 1933

22. I HEREBY CERTIFY that I attended deceased from

Feb 2 1933 to July 23 1933

I last saw him alive on July 22 1933 Death is said

to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Myxedema

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23.—If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) M. D. Drenner

M. D.

(Address) Seneca Mo.

11-10-47